

# RECEIVED CENTRAL FAX CENTER

APR 2 5 2005

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## **FACSIMILE TRANSMISSION**

### CONFIDENTIAL

DATE: April <u>25</u>, 2005

**CLIENT No.: 23564** 

To:

Name	FAX No.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM:

Robert A. Hulse. No. 48,473

PHONE:

(415) 875-2444

NUMBER OF PAGES WITH COVER PAGE: 18 ORIGINAL WILL NOT FOLLOW

MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications: 10/797,585 10/848,241 10/933.054 11/006,166 10/939,011 10/633,266 10/816,623 10/816,474 10/975,216 10/751,328 10/769,154 10/452,787 10/449,846 10/861.222 10/989,955 10/615,337

#### **CAUTION - CONFIDENTIAL**

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0001/PTO Rev. 10/95	U.S. Department of Patent and Trad		Application Number	N/A		
			Filing Date	N/A		RECEIVED CENTRAL FAX CENTER
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		First Named Inventor	N/A			
		Examiner			APR 2 5 2005	
			Group Art Unit			
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REMARKS:						
	SIGNA	TURE OF	ATTORNEY OR AGE	NT		<b>=</b>
Signature:	9 Colt	ALL	/h_			
Attorney/Reg. No.:	Robert A. Hulse, Reg	ı. No. 48,473	D	ated:	April 25, 2005	
	CERTIFIC	ATE OF E	ACSIMILE TRANSMIS	ROIS		
I hereby certify that this c facsimile to: Commission	orrespondence, including ner for Patents at the facsi	the enclosures	identified above, is being transidicated below.	mitted on the date	a shown below via	
Signature:	Col	<del>\</del> \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	//			
Typed or Printed Nam	e: Robert A. Huls	<b>9</b>		Dated:	April 25, 2005	
Facsimile Number.		1-703-872-93	308			

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT** AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/615,337	
Filing Date	July 7, 2003	
First Named Inventor	Steven P. Moder, et al.	
Group Art Unit	2881	
Examiner Name	Unknown	
Attomey Docket Number	23564-07876	

То:	Commissioner for Patents P.O. Box 1450 Alexandría, VA 22313-1450							
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.								
The reas	sons for this reques	st are:						
The clie	nt knowingly and fr	eely assents to termination of the emp	oloyment.					
1. 🗆	The corresponden	ice address is NOT affected by this wi	thdrawal.			•		
2.   Change the correspondence address and direct all future correspondence to:								
Firm <i>or</i> Individua	al Name	Morrison & Foerster LLP						
Address		425 Market Street						
Address								
City		San Francisco	State	ÇA	Zip	94105-2482		
Country		United States						
Telepho	ne	(415) 268-6982	Fax	(415) 268-7522				
☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attomeys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number ☐ on whose behalf I have signed this request and on whose behalf I am authorized to sign.								
Name		Robert A. Hulse, Reg. No. 48,473						
Signatur	е	Clott A. H.						
Date		April 20, 2005						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								